

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	mmv		02/15/01
O.I.P.E. CLASSIFIER		19	02-01
FORMALITY REVIEW	A-17	5C-580	03-10-01
RESPONSE FORMALITY REVIEW	8/10	1091	05-18-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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